



# SPA PACERS RUNNING CLUB

[www.arspapiers.com](http://www.arspapiers.com)

## Membership Form

Complete the form below and mail with payment to:  
Spa Pacers, P. O. Box 1199, Hot Springs, AR 71902

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (Print clearly): \_\_\_\_\_

**For Family Membership, list additional member(s):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

(The above information will only be used to send information pertinent to Spa Pacers Members)

**Check all that apply:**

RUN:  WALK:  Streets  Trails  Indoors  Races

Approximate Distance - Per Run: \_\_\_\_\_ Per week: \_\_\_\_\_ Training Pace: \_\_\_\_\_

How many years have you been running? \_\_\_\_\_

Favorite Race: \_\_\_\_\_

Favorite Training Run: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

New Membership  Renewal Membership

FEES: Family \$20  Individual \$15  Student \$10  What school? \_\_\_\_\_

MEMBER'S RELEASE: I know that running and volunteering to work in club races are potentially hazardous activity. I certify that I am medically able to perform in these events and am in good health. I assume all risks associated with running and/or volunteering to work in SPRC sanctioned events, including but not limited to falls, contact with other participants, the effects of weather, including high heat or humidity, ice and snow, the condition of the road and traffic on the course, all such risks being known and accepted by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I for myself, for any minors over whom I have legal guardianship, and for anyone entitled to act on my behalf, waive and release the ARKANSAS SPA PACERS ASSOCIATION, ALSO KNOWN AS SPA PACERS RUNNING CLUB, RRCA and any and all members thereof, and all further sponsors, their representatives and/or successors, from all claims or liability of any kind arising out of my participation in any SPRC officiated/sanction events, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, pictures, recordings or any other record of sanctioned events for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature if under 18: \_\_\_\_\_

If you have questions, email [arspapiers@gmail.com](mailto:arspapiers@gmail.com)